

## CLAIMS ONLY

Application Number

10518527

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
1	1						51		
2	1						52		
3	1						53		
4	cancel						54		
5	1						55		
6	1						56		
7							57		
8	1						58		
9	1						59		
10	1						60		
11	1						61		
12	1						62		
13	1						63		
14	1						64		
15							65		
16							66		
17							67		
18							68		
19							69		
20							70		
21							71		
22							72		
23							73		
24							74		
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26							76		
27							77		
28							78		
29							79		
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31							81		
32							82		
33							83		
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36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep	1						Total Indep		
Total Depend	12						Total Depend		
Total Claims	13						Total Claims		